

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE					
							APPLICANT(S)							
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/						51							
2		0					52							
3							53							
4		1					54							
5		3					55							
6							56							
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46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3						TOTAL IND.							
TOTAL DEP.	4						TOTAL DEP.							
TOTAL CLAIMS	6						TOTAL CLAIMS							